

SEALED BID

Project: **Region 1 Headquarters Parking Lot
Improvements**

MT FWP Number: **7139103**

Name of Contractor: _____

Address: _____

Dept. of Labor & Industry Cert. of Reg.#. _____

Acknowledges Addendum No.: _____

Jamie Mongoven, Project Manager
Montana Fish, Wildlife and Parks
Design and Construction
1522 Ninth Avenue
P.O. Box 200701
Helena, Montana 59620-0701

PROPOSAL

Montana Fish, Wildlife & Parks
Design and Construction
PO Box 200701, 1522 Ninth Avenue
Helena, Montana 59620-0701

FWP Project #: 7139103

The undersigned, having familiarized himself with the conditions of the work and the contract documents as prepared by FWP, agrees to furnish all labor, materials, equipment, and services necessary to complete all general construction work, as bid herein, for a project entitled **Region 1 Headquarters Parking Lot Improvements near Kalispell, Montana** in accordance with the Contract Documents including all Addenda. Bidder agrees to perform all work described below at the price shown as follows:

Reminder to Contractors: All Unit Prices must be filled in on the Bid Form for a valid bid (18-2-303 MCA).

Base Bid:

Item #	Description	Estimated Quantity	Unit Measure	Unit Price	Total Amount
1.1	Mobilization/Demobilization/Bonding	1	LPSM		\$ _____
1.2	Chipseal	2228	SY	\$ _____	\$ _____
1.3	Crack Seal	2228	SY	\$ _____	\$ _____
1.4	Striping	882	LF	\$ _____	\$ _____
1.5	ADA Parking Striping	1	EACH		\$ _____
Base Bid Total:					\$ _____

Base Bid: _____ AND _____/100's DOLLARS (\$ _____).

Additive Alternate: Rear Parking Area

Item #	Description	Estimated Quantity	Unit Measure	Unit Price	Total Amount
A.1	Chipseal	2585	SY	\$ _____	\$ _____
A.2	Crack Seal	2585	SY	\$ _____	\$ _____
A.3	Striping	486	LF	\$ _____	\$ _____
A.4	ADA Parking Striping	1	EACH		\$ _____
Base Bid Total:					\$ _____

Additive Alternate bid: _____ AND _____/100 DOLLARS (\$ _____).

Total bid: _____ AND _____/100 DOLLARS (\$ _____).

And certifies that he is a duly and regularly licensed contractor registered with the Montana Department of Labor and Industry:

FIRM NAME: _____ TELEPHONE# _____
SIGNED BY: _____ DATE: _____ REG# _____
BUSINESS ADDRESS: _____
ADDENDUM NO. _____ DATE: _____ ADDENDUM NO. _____ DATE: _____

Contractor Name: _____

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